

Location (City, State): Rochester, NY

Name:

DOB:

Last Date of Infusion:

New Start:

Aduhelm® (aducanumab-avwa) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

_____ Alzheimer's Disease
(ICD-10)

_____ Other: _____
(ICD-10)

- Hold infusion and notify provider for
 - Abnormal vital signs
 - No brain MRI results in chart (need MRI within one year of starting treatment, and prior to 7th and 12th infusion).
 - Signs of Amyloid Related Imaging Abnormalities (ARIA) as reported on MRI results
 - New or worsening headache or altered mental status
- Document measured weight at each appointment.
- Record vital signs before infusion, then every 30 minutes until patient discharge.
- If infusion-related reaction occurs, stop infusion follow Hypersensitivity Reaction Management Protocol as clinically indicated.

Pre-medications (to be administered once prior to infusion):

<input type="checkbox"/> Induction:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Infusion 1 and 2</td> <td><input checked="" type="checkbox"/> Aduhelm 1mg/kg</td> </tr> <tr> <td>Infusion 3 and 4</td> <td><input checked="" type="checkbox"/> Aduhelm 3mg/kg</td> </tr> <tr> <td>Infusion 5 and 6</td> <td><input checked="" type="checkbox"/> Aduhelm 6mg/kg</td> </tr> <tr> <td>Infusion 7 and beyond</td> <td><input checked="" type="checkbox"/> Aduhelm 10mg/kg</td> </tr> </table>	Infusion 1 and 2	<input checked="" type="checkbox"/> Aduhelm 1mg/kg	Infusion 3 and 4	<input checked="" type="checkbox"/> Aduhelm 3mg/kg	Infusion 5 and 6	<input checked="" type="checkbox"/> Aduhelm 6mg/kg	Infusion 7 and beyond	<input checked="" type="checkbox"/> Aduhelm 10mg/kg
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Infusion 7 and beyond	<input checked="" type="checkbox"/> Aduhelm 10mg/kg								
<input type="checkbox"/> Maintenance:									
<input checked="" type="checkbox"/> Aduhelm 10mg/kg x (current weight) _____ kg= _____ mg in									

All doses to be mixed in 100 mL 0.9% sodium chloride and infused over a period of 60 minutes. Use a 0.2 or 0.22 micron sterile, in-line, low-protein binding filter

Frequency: All infusions administered every 4 weeks

Observation Period: Monitor patient for hypersensitivity reaction for a period of 30 minutes following each infusion. Record vital signs prior to discharge.

- Patient is required to stay for observation period following every infusion.
- Patient may sign Release of Responsibility Form after _____ infusions.

To report suspected adverse reactions, contact Biogen at 1-833-425-9360 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____

Reviewed 6/7/21. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.